

Registered pharmacy inspection report

Pharmacy Name: Health Lines Pharmacy, 188 Studfall Avenue,
CORBY, Northamptonshire, NN17 1LJ

Pharmacy reference: 1035406

Type of pharmacy: Community

Date of inspection: 10/08/2023

Pharmacy context

This is a community pharmacy situated in a row of shops in a suburb of Corby. Most of its activity is dispensing NHS prescriptions and selling medicines over the counter. The pharmacy supplies medicines in multi-compartment compliance packs to people who live in their own home. Other services that the pharmacy provides include the substance misuse service, the hypertension case finding service and delivering medicines to people's homes.

Overall inspection outcome

✓ **Standards met**

Required Action: None

Follow this link to [find out what the inspections possible outcomes mean](#)

Summary of notable practice for each principle

Principle	Principle finding	Exception standard reference	Notable practice	Why
1. Governance	Standards met	N/A	N/A	N/A
2. Staff	Standards met	N/A	N/A	N/A
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	N/A	N/A	N/A
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

Overall, the pharmacy identifies and manages the risks associated with the provision of its services. Its team members have defined roles and accountabilities. And the pharmacy manages people's electronic personal information safely. The pharmacy has some procedures to learn from its mistakes. But because it does not regularly record or review all its mistakes it might miss opportunities to improve its ways of working.

Inspector's evidence

The pharmacy had recently received updated standard operating procedures (SOPs). Not all the pharmacy team had been able to read them. But staff were seen dispensing medicines and handing medicines out to people safely. Staff understood how to sell medicines safely and knew the advice to give during a sale. Staff knew that prescriptions were valid for six months apart from some controlled drugs (CDs) which were valid for 28 days. The pharmacy highlighted Schedule 3 and 4 CDs to remind the person handing them out of the shorter validity of these prescriptions.

The pharmacy had a process for recording dispensing mistakes that were identified before reaching a person (near misses) and dispensing mistakes where they had reached the person (errors). The locum pharmacist said he would discuss near misses with the member of staff at the time and then record them in a near miss log. There were entries in the near miss logs seen but gaps in the near miss log indicated that not all locum pharmacists were making entries. The pharmacy team reviewed near misses for trends and patterns. The aim was to do this monthly, but the last review had been in March 2023.

The pharmacy maintained the legally required records to support the safe delivery of pharmacy services. These included the responsible pharmacist (RP) record, CD records and private prescription records. When the inspector arrived the locum pharmacist had not displayed his RP notice. This meant that people visiting the pharmacy would not be able to see who the RP in charge of the pharmacy was. The entries checked at random in the CD register during the inspection agreed with the physical stock held. The pharmacy aimed to complete weekly CD balance checks but in practice was completing checks every couple of months. The dispenser said she would start checking the balances weekly again. Patient-returned CDs were recorded in a designated register. Patient-returned CDs and date-expired CDs were clearly marked and separated from stock CDs to prevent dispensing errors. Dispensed CDs waiting collection in the CD cupboard were clearly separated and the corresponding prescriptions were in date.

The pharmacy had appropriate professional indemnity insurance. There was a complaint procedure in place. Computer terminals were positioned so that they could not be seen by people visiting the pharmacy. Access to the patient medication record was password protected. Confidential paperwork was stored securely. Confidential waste was shredded. The pharmacy team understood safeguarding requirements and could explain the actions they would take to safeguard a vulnerable person.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy's team members work together to manage the day-to-day workload within the pharmacy. And they have the appropriate range of experience and skills. Team members are given some opportunities to develop their roles.

Inspector's evidence

During the inspection, the pharmacy team adequately managed the day-to-day workload of the pharmacy. There was one locum pharmacist, two trained dispensers and one trainee counter assistant. The counter assistant was on an appropriate training course. The counter assistant studied her training course at home. She said that she felt supported by all the pharmacy team. The team had been given the opportunity to carry out vaccination training for the winter flu vaccination service. The team had weekly meetings. Team members had informal training from some of the locum pharmacists to update their skills and knowledge.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy keeps its premises safe, secure, and appropriately maintained. And it has made some changes to help keep its team members and people using the pharmacy safe.

Inspector's evidence

The pharmacy had flat access with a push-pull door which provided suitable access for people with a disability or a pushchair to get into the pharmacy. There was adequate heating and lighting, and hot and cold running water was available. There was plastic screening at the pharmacy counter. But there was a large gap in the middle where people stood and spoke through which meant that the screen was not effective. There was hand sanitiser available.

There were boxes on the floor in the dispensary which created a trip hazard. A reasonable sized consultation room was available for people to have a private conversation with pharmacy staff. Unauthorised access to the pharmacy was prevented during working hours and when closed.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's healthcare services are suitably managed and are accessible to people. The pharmacy gets its medicines and medical devices from reputable sources. It stores them safely and it knows the right actions to take if medicines or devices are not safe to use to protect people's health and wellbeing.

Inspector's evidence

The pharmacy team understood the signposting process and used local knowledge to direct people to other local health services when needed. The pharmacy delivered medicines to some people. The dispensing team knew the advice about pregnancy prevention that should be given to people in the at-risk group who took sodium valproate. The pharmacist gave a range of advice to people using the pharmacy's services. This included advice when they had a new medicine or if their dose changed. The pharmacist did not make records when he spoke to people who took medicines that required ongoing monitoring such as warfarin or methotrexate. This could mean helpful information is not available for other pharmacy staff to refer to.

The pharmacy had a good range of healthy living advice on display in the public area. This included advice on healthy food, activity, and blood pressure. The pharmacy actively offered the hypertension case finding service. Over thirty people had had their blood pressure measured in August already. The pharmacy said that they had referred people with undiagnosed hypertension to their GPs and this had led to people being prescribed medicines to manage their blood pressure.

The pharmacy used a dispensing audit trail which included use of 'dispensed by' and 'checked by' boxes on the medicine label. This helped identify who had completed each task. The pharmacy used baskets during the dispensing process to keep medicines and prescriptions for different people separated to reduce the risk of a mistake being made. The pharmacy supplied medicines in multi-compartment compliance packs to people living in the community to help them take their medicines at the right time. The compliance packs recorded the colour and shape of medicines on the packs to make the medicines easily identifiable. Patient information leaflets were sent to people every month. The multi-compartment compliance pack checked did not have an initial to show who had dispensed the pack. The member of staff said they were aware they needed to do so and that she usually did so; other packs checked were initialled to provide an audit trail.

Medicines were stored on shelves tidily and in original containers. Most opened bottles of liquid medications were marked with the date of opening so that the team would know if they were still suitable for use. But some bottles were seen that had a shorter expiry date once opened but did not have the opening date recorded. This increased the risk of a less effective medicine being supplied. The dispenser said she would make sure all bottles had the date of opening recorded. The pharmacy team had a process for date checking medicines. A sample of medicines checked were in date. CDs were stored appropriately. The pharmacy only used recognised wholesalers to supply them with medicines. The pharmacy team could explain the procedure for managing drug alerts which included a record of the action taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

Members of the pharmacy team have the equipment and facilities they need for the services they provide. The pharmacy maintains the equipment and facilities adequately.

Inspector's evidence

The pharmacy used suitable measures for measuring liquids. It had up-to-date reference sources. The record showed over the last few weeks the fridge temperature had often been slightly higher than the required range of between 2 and 8 degrees Celsius. Staff had adjusted the temperature of the fridge to bring it back into range. Staff said that if it continued fluctuating they would make their head office aware. There were no records available to show when the portable electrical equipment had been safety tested but it appeared in reasonable working order. The dispenser said she would contact head office to arrange for testing to be carried out.

What do the summary findings for each principle mean?

Finding	Meaning
✓ Excellent practice	The pharmacy demonstrates innovation in the way it delivers pharmacy services which benefit the health needs of the local community, as well as performing well against the standards.
✓ Good practice	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
✓ Standards met	The pharmacy meets all the standards.
Standards not all met	The pharmacy has not met one or more standards.